

Plan of Correction

<b>Program Name:</b> Lewis and Clark Behavioral Health Services	<b>Date Submitted:</b> 07/02/2019	<b>Date Due:</b> 08/02/2019
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Client Chart POC-1

**Rule #:**  
67:61:07:07

**Rule Statement:**

**Continued service criteria.** The program shall document for each client the progress and reasons for retaining the client at the present level of care; and an individualized plan of action to address the reasons for retaining the individual in the present level of care. This document is maintained in the client case record. It is appropriate to retain the client at the present level of care if:

- 1) The client is making progress, but has not yet achieved the goals articulated in the individualized treatment plan. Continued treatment at the present level of care is assessed as necessary to permit the client to continue to work toward his or her treatment goals; or
- 2) The client is not yet making progress, but has the capacity to resolve his or her problems. He or she is actively working toward the goals articulated in the individualized treatment plan. Continued treatment at the present level of care is assessed as necessary to permit the client to continue to work toward his or her treatment goals; or
- 3) New problems have been identified that are appropriately treated at the present level of care. The new problem or priority requires services, the frequency and intensity of which can only safely be delivered by continued stay in the current level of care. The level of care in which the client is receiving treatment is therefore, the least intensive level at which the client's new problems can be addressed effectively.

The individualized plan of action to address the reasons for retaining the individual in the present level of care shall be documented every:

- a) Two calendar days for:
  - i. Clinically-managed residential detoxification;
- b) 14 calendar days for:
  - i. Early intervention services;
  - ii. Intensive outpatient services;
  - iii. Day treatment services; and
  - iv. Medically monitored intensive inpatient treatment; and
- c) 30 calendar days for:
  - i. Outpatient treatment program; and
  - ii. Clinically-managed low-intensity residential treatment.

**Area of Noncompliance:** In review of the SUD charts, one or more charts did not have the continued stay completed on time.

**Corrective Action (policy/procedure, training, environmental changes, etc):** LCBHS will monitor due dates for continued stays and will send counselors alerts when they are due. The documentation of continued stay

**Anticipated Date Achieved/Implemented:**

criteria will be monitored quarterly as a part of the Quality Assurance process.	<b>Date</b> 7/2/2019
<b>Supporting Evidence:</b> Reports have been created to assist in monitoring continued stay review dates; Quality Assurance Report	<b>Person Responsible:</b> Gerry Ebel
<b>How Maintained:</b> Support staff will print reports on a weekly basis, Quality Assurance report will be reviewed quarterly.	<b>Board Notified:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/>

Client Chart POC-2	
<b>Rule #:</b> 67:61:07:10 and 67:62:08:14	<b>Rule Statement:</b> <b>Transfer or discharge summary.</b> A transfer or discharge summary for any client within five working days after the client is discharged regardless of the reason for discharge. A transfer or discharge summary of the client's problems, course of treatment, and progress toward planned goals and objectives identified in the treatment plan is maintained in the client case record. A process shall be in place to ensure that the transfer or discharge is completed in the MIS.  When a client prematurely discontinues services, reasonable attempts shall be made and documented by the agency to re-engage the client into services if appropriate.
<b>Area of Noncompliance:</b> In review of the SUD and MH charts, discharge or transfer summaries were missing one or more the above elements or not completed within five working days.	
<b>Corrective Action (policy/procedure, training, environmental changes, etc):</b> Training with staff was completed on 6/20/2019 to assure that discharge summaries include all of the above elements and are completed in a timely manner.	<b>Anticipated Date Achieved/Implemented:</b>  <b>Date</b> 6/20/2019
<b>Supporting Evidence:</b> Reports have been created to assist in monitoring discharge summaries; Quality Assurance report.	<b>Person Responsible:</b> Raelene Sterling
<b>How Maintained:</b> The timeline of discharge summaries will be included in the Quality Assurance report and reviewed quarterly.	<b>Board Notified:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/>

Client Chart POC-3	
<b>Rule #:</b> 67:61:17:08	<b>Rule Statement:</b> <b>Intensity of services.</b> The program shall provide daily to each client a minimum of 90 minutes of any combination of the services listed in subdivisions § 67:61:17:07(2)(a)(b)(c)(d).
<b>Area of Noncompliance:</b> In review of the SUD charts, documentation was missing that programming was provided daily.	
<b>Corrective Action (policy/procedure, training, environmental changes, etc):</b> Training with staff was done on 6/20/2019 to review that a progress note needs to be completed daily indicating that 90 minutes of education was provided and indicating how the education was presented to the client.	<b>Anticipated Date Achieved/Implemented:</b>  <b>Date</b> 6/20/2019

<b>Supporting Evidence:</b> Progress notes for detox will be reviewed using the Quality Assurance process on a quarterly basis.	<b>Person Responsible:</b> Raelene Sterling
<b>How Maintained:</b> Quality Assurance on a quarterly basis.	<b>Board Notified:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/>

Client Chart POC-4	
<b>Rule #:</b> 67:61:17:05	<b>Rule Statement:</b> <b>Monitoring and documentation of client's condition.</b> The program shall establish a written policy and procedure concerning the steps staff shall take when assessing and monitoring a client's physical condition and responding to medical complications throughout the detoxification process.  Staff shall closely monitor the condition of each client during detoxification and document the following information in the client's case record:  <ol style="list-style-type: none"> <li>1) Blood pressure, pulse, and respiration; at admission by staff trained to perform these tests, a minimum of two additional times in the first eight hours after admission, or at a greater frequency dependent on the degree of hypertension or hypotension, and at least once every eight hours thereafter;</li> <li>2) Physical, mental, and emotional state, including presence of confusion, anxiety, depression, hallucinations, restlessness, sleep disturbances, tremors, ataxia, or excessive perspiration; and</li> <li>3) Type and amount of fluid intake.</li> </ol>
<b>Area of Noncompliance:</b> Type and amount of fluid intake was missing from the detoxification charts.	
<b>Corrective Action (policy/procedure, training, environmental changes, etc):</b> Fluid intake was documented, but not scanned into charts. Procedures have been put in place to assure that scanning of documentation is completed in a timely manner.	<b>Anticipated Date Achieved/Implemented:</b>  <b>Date</b> 7/2/2019
<b>Supporting Evidence:</b> Documents will be scanned into the chart in a timely manner.	<b>Person Responsible:</b> Lindy Ekeren
<b>How Maintained:</b> Support staff will be responsible to assure that the information is scanned into the client's chart.	<b>Board Notified:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/>

Client Chart POC-5	
<b>Rule #:</b> 67:61:18:02	<b>Rule Statement:</b> <b>Medical evaluations and vital signs.</b> At a minimum, the program shall complete the following:  <ol style="list-style-type: none"> <li>1) At the time of admission, each client's blood pressure, pulse, and respiration shall be evaluated and recorded in the client's case record by staff trained to perform these tests;</li> <li>2) Within 8 hours after admission, each client shall receive a medical evaluation conducted by an RN or an LPN. The results of this medical evaluation shall be provided to the program physician for the purpose of determining whether the</li> </ol>

	<p>client needs immediate and a more extensive examination to determine the appropriateness of the admission and the program physician's approval shall be documented in the client's case record:</p> <p>a) The medical evaluation includes:</p> <ul style="list-style-type: none"> <li>i) A second reading of blood pressure, pulse, and respiration;</li> <li>ii) Mental and emotional status;</li> <li>iii) Any bruises, lacerations, cuts, wounds, or other medical conditions;</li> <li>iv) Current medication use, particularly sedative use and medications being carried by the client; and</li> <li>v) Any history of diabetes, seizure disorders including epilepsy, delirium tremens, and any history of convulsive therapies, e.g., electroconvulsive or insulin shock treatments; and</li> </ul> <p>3) Within 72 hours after admission, each client shall have:</p> <ul style="list-style-type: none"> <li>a) A complete blood count and urinalysis; and</li> <li>b) A complete physical examination by or under the supervision of a licensed physician, who shall also evaluate the results of the tests conducted.</li> </ul>
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**Area of Noncompliance:** The inpatient charts were missing either the blood count or the urinalysis.

**Corrective Action (policy/procedure, training, environmental changes, etc):** Blood count/urinalysis was documented, but not scanned into charts. Procedures have been put in place to assure that scanning of documentation is completed in a timely manner.

**Anticipated Date Achieved/Implemented:**

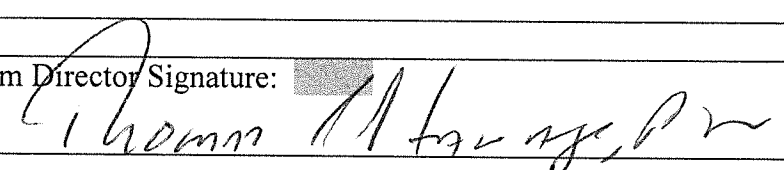
**Date** 7/2/2019

**Supporting Evidence:** Documents will be scanned into the chart in a timely manner.

**Person Responsible:**  
Lindy Ekeren

**How Maintained:** Support staff will be responsible to assure that the information is scanned into the client's chart.

**Board Notified:**  
Y ☒ N ☐ n/a ☐

Program Director Signature: 

Date:

7/18/2019

Send Plan of Correction to:

Accreditation Program  
Department of Social Services  
Division of Behavioral Health  
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